$U.~S.~{ m COST}$	REIMBURSA	BLE 2	· ·: :		6000401 Bu		DAI	ID BY	—
		(Department, bureau,	, or establishment)				r A	Д Б1	
Voucher prepared at(Givo place and date)						End #			
THE UNITED STATES, Dr., Payee's Account No.						DPD-0632-59			
To		(Pavee	·,			- 0	COPY	(OF γ	-
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, 			<u>.</u> L			
	(Add	Address) (Oity) (Stat				UNIT PRICE		AMOUNT	
No. and Date of Order	Date of Delivery or Service	(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms		il supply ry)	QUANTITY	Cost	Per	Doilars	
		Costs						\$197	, 3
PAYMENT:									
Complete									
Partial L		Lies continu	ation sheet(s) if necessary						
Shipped from		to Weigh		nt B/L No.			Total	\$197	$-\frac{1}{3}$
I certify that the above bill is correct and just and that payment has not been received.									
		(Sign original only)		Differen	nces				
Date 1-13-		nuted when a like cortific	pate is made by payes on attached bill or bills	;				\$ 190	
Dan		_ Title		Amo	unt verified;			1-77	P
Per Contract No.	A-101	Date	Req. No.		Date		Invoice Rec'		
Pursuant to author	ority vested in me,	I certify that this account is co	orrect and proper for payment						
					/Author	red Contin	ing Officer)		
			SIGN						
Ву			ONLY						
Title									
	THE REVERSE OF T	HIS FORM MUST BE EXECUTED WHEN	PURCHASES ARE MADE OR SERVICES	SECURED WITH	OUT WEITEN	AGREEMENT	IN ANY FURM		

